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**THE SMALL HOSPITAL LAUNDRY**

BY MISS CLARA NOYES

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THE method of washing soiled linen in the hospital has undergone many changes since the days when the Sisters in the Hotel Dieu, Paris, went down to the river Seine in the mornings and breaking the ice washed in ice-cold water the linen for the patients, until at the present time we find even the smaller hospitals of from thirty beds upwards, as a rule, equipped with all the modern inventions for the rapid and thorough washing of the linen by electric or steam-fitted machinery. There are, of course, small hospitals where the old-fashioned method of hand-washing is still in operation, claiming that it is more economical. This may be true, but the fifty-bed active hospital could hardly afford to economize in this way at the present time. After the first cost for equipment, expenses may be reduced in other directions, less help is needed, two good women can easily do the work which formerly required five, the work is more quickly done and the linen is usually much whiter and cleaner, the mangle giving a finish which cannot be obtained by hand, and altogether a greater amount of satisfaction is derived from turning out better work in a shorter space of time. On the other hand, the wear and tear on machine-washed linen is much greater than that done by hand, while the repairs to machinery and the cost of power and steam are all items of considerable expense.

To obtain an insight into methods, schedules were sent to hospitals of from thirty beds to one hundred or more, asking for information upon such points as equipment, number of employees, wages, hours for work, methods of washing, ironing, etc., allowances of linen for wards, nurses and help, and rules for controlling extravagance in the use of linen.

A great deal of useful information was obtained in this way. The essential features such as machinery, processes of washing, starch, and soap-making are practically the same. We find some using bleach while some do not; in others all the ironing is done by hand, while in many a large proportion is done by a body ironer. The allowances of linen for nurses and help, both personal and for bed and table use is approximately the same in all schedules returned. The main point of difference seems to lie in the number of "help" employed and wages given. Whether these laundries all turn out work of a high grade is impossible to determine by means of schedules. The object of the laundry whether in a large or small hospital is the same,—to wash the linen thoroughly and return in the shortest space of time at the least possible expense.

**EQUIPMENT**

The small hospital about to install laundry machinery should study carefully the different makes and various kinds with a view to providing for its special requirements. The laundry may be fitted with extravagant pieces of machinery and yet not give any better results as far as good work is concerned than if it had been fitted more economically.

To get good work you need good machinery of the correct size and of the kinds that are going to prove useful and practical. Expensive features are frequently introduced into hospital laundries which are never used, because they are not needed. It is well to look ahead when planning a laundry and prepare for a much larger daily average household than the present number would seem to warrant, as in all probabilities the hospital will grow and the laundry facilities prove totally unequal in a few years to the increased demand upon it.

An electric motor or horizontal engine may be used as motive power, whichever is best suited for the laundry in question.

The following list of machinery will be found sufficient for a hospital of from 75 to 100 beds:

Six set tubs, steam fitted; two washers, one of wood and one of brass for hard boiling, size 100 shirt; one mangle, steam heated, 64 or 66 inches; one 20-inch extractor; one wooden "tumbler" or "shaker"; one 30-inch body ironer; three ironing tables, individual stoves heated by gas and air or electric irons may be used; one 40-gallon galvanized soap tank fitted with boil pipe; one truck tub; two strong horses on which to hang goods ready for mangle; one strong receiving-table; one steam-heated dry room with galvanized or wooden bars, properly ventilated and accessible for cleaning purposes; one steam-jacketed starch kettle.

Sorting-room must be fitted with suitable compartment-racks and hangers for nurses' and doctors' clothes. In addition to this outfit, starch- and soap-dippers, net laundry-bags, agate pails, clothes baskets, weights and measures, and a clock are absolutely essential.

It is possible to get along with only one washer, but if it can be afforded the additional one will be found very convenient in case of "breakdowns." The wooden washer is less expensive than a brass one, but does not wear so long, the brass washer being the best for hard boiling.

It is not the purpose of this paper to go into the merits of any particular makes of machinery or into the actual costs of equipping such a laundry as a rough estimate; from \$1,500 to \$2,000 should cover the expense for outfit. It should not be necessary with the above outfit to

operate the plant for more than three days each week,—Monday, Thursday, and Saturday, using the intervening days for ironing. Three women should be able to handle the work, the fireman looking after the steam and power, cleaning and keeping the machinery in good order. In one hospital of seventy beds in constant use, with three officers, three doctors, and twenty-three nurses, with which the writer is familiar, two women, with the assistance of a third for two and one-half days weekly, do all the work, even to collecting and delivering all the linen, with plenty of time to spare, having from Saturday noon until Monday morning off duty, regularly, and such time as may be gained when finishing early. In this laundry there is no body-ironer, therefore all ironing is done by hand. Having a small washer necessitates running the machinery all of two days with some part of each of the remaining days, but with the equipment previously mentioned it should not be necessary to use the power more than three days. Steam is expensive and should be saved whenever possible. The work done by these two women in the 70-bed hospital mentioned is of a high grade and compares favorably with that done in the best commercial laundries.

#### ARRANGEMENT OF ROOMS AND FLOOR SPACE

Separate rooms are more desirable than one large room, although this is a matter of individual preference, the former arrangement presenting a tidier appearance; and the steam from washers and tubs does not interfere with the drying of freshly-ironed linen.

It will be found convenient to have the washers, extractors, tumblers, set tubs, starch- and soap-tanks in one room; opening from this, another large room containing dryers, mangle, body ironer and ironing-tables. A small room for receiving soiled linen until it can be taken to the washer, and another room for sorting clean linen, and for nurses' and doctors' compartment-racks, will be found all that is necessary.

As for floor space, the more the better; try not to cramp the equipment; be generous in this direction. Arrange fixtures with a view to convenience and the saving of steps.

The introduction of white-glazed-brick walls adds not only to safety from fire, but to the cleanliness and appearance of the laundry. A cement floor with central drains make it easier to scrub and flush, and carry off any accidental overflow. If glazed brick are beyond the means, enamel paint in a light color is the best substitute.

Have all set tubs out from the wall sufficiently far to get between them for cleaning purposes. While white-enamelled-iron tubs are of course the most desirable if they can be afforded, the plain soapstone

will answer every purpose. All machinery should be well out from the wall for the same reason. All over-head machinery should be well fitted with drip-pans. The rooms must be well lighted, airy and well ventilated.

#### LOCATION OF LAUNDRY

If possible a separate building is the most desirable location for the laundry. For economical reasons it may be necessary to use the basement for this purpose; there are some very serious objections, however, to this arrangement, the noise and jarring of the machinery proving objectionable, if wards or sleeping-rooms are over-head. It also offers a tempting place in which the other domestics may stop for a chat which may be lengthened out to an hour or more. It is also impossible to light and ventilate a basement laundry as thoroughly as one higher above ground.

#### GENERAL RULES FOR THE CARE OF LAUNDRY

The laundry should be cleaned thoroughly once a week, walls brushed down, floors washed and tubs scrubbed, machinery, tables, dryers and all appliances thoroughly cleaned. Aside from this weekly cleaning, before the laundresses leave at night tubs must be scrubbed, floor swept, mangles, extractors, and tables covered with special sheets and everything left in good order. Great attention should be paid to all the machinery, keeping it free from lint, unnecessary oil and grease, otherwise quantities of linen may be spoiled. Before beginning work in the morning, tables and mangles should be thoroughly dusted. Dust works sad mischief if allowed to settle upon the damp clothes; therefore great care should be taken to prevent a free circulation of this commodity. It is impossible in a paper of this length to go fully into the details of the various steps of laundry work, therefore we shall take up each briefly.

*Washing.*—This, after the proper sorting of the linen, is the first step. There are a few practical points to be observed. Do not overfill the washer, otherwise the linen has no room in which to be thrown about. If underfilled, the clothes float and do not strike against each other as they should. Stop the washer when changing water to avoid tangling and tearing. When boiling or washing in suds only sufficient water should be used to show an inch or two in glass gauge. If too much water is used the clothes float and are not subjected to the necessary amount of beating, and hot water and soap is wasted. For rinsing and blueing a larger amount of water is needed. The washer needs to be kept clean inside as well as out. To clean a brass washer run a

small amount of hot water, into which one pint of sulphuric acid has been added, for 20 minutes. The outside needs to be scrubbed with a brush and sand soap.

The process of washing seems to be about the same in the hospitals from which the schedules were returned, with slight variations in rinsing and boiling, as to time. The use of bleach, principally chloride of lime and oxalic acid, are used in many of the laundries, while nearly all combine Wyandotte soda with the soap made from chips. Bleach unquestionably shortens the life of the fabric; therefore, if possible, it seems best not to use it. After five years of personal observation the formula herewith given for all white goods, without the use of bleach, has given absolute satisfaction, the linen is white and clear, comparing very favorably with the work done in the best commercial laundries:

1, cold rinse, 10 minutes; 2, hot suds, boiling, 30 minutes; 3, hot rinse, 10 minutes; 4, cold rinse, 10 minutes; 5, cold rinse, 10 minutes; 6, cold rinse, add blue, 10 minutes.

Colored Goods.—1, cold rinse, 15 minutes; 2, hot suds, 30 minutes; 3, hot rinse, 10 minutes; 4, cold rinse, 10 minutes; 5, cold rinse, 10 minutes.

Flannels for babies' wrappers and nightingales should be washed by hand.

Bath blankets are run in lukewarm suds 30 minutes, with two cold rinses, 10 minutes each.

White bed-blankets and gray blankets for wheel-chairs should never be sent to the laundry with the common wash. The frequent washing of blankets seen in so many hospitals both large and small is a needless and extravagant procedure. A blanket is soon ruined by machine washing, the borders fade and shrink, and it becomes stiff even with the best machine washing, presenting a forlorn appearance with a ruffle at each end. The time, materials and work, aside from injury to the blanket, spent upon the ceaseless washing is entirely wasted. The writer knows of several hospitals where it is not unusual to wash four hundred blankets weekly. This waste may be avoided if the blankets are properly cared for in the wards. Hard and fast rules should be laid down regarding their use, and probationers should be taught their care from the moment of entrance. White bed-blankets should never be used for any other purpose or come in actual contact with the patient; turn the spread over the top and the sheet over the top of the spread to protect from the hands; if the patient is very restless, pin all together with two safety-pins. Light dimity spreads should be used and the old idea of removing the spread at night, neatly folding it to

keep it clean, thereby leaving the blanket unprotected to get soiled, is an untidy and extravagant custom. Special blankets should be provided for baths (for this purpose very nice cotton ones are now easily procured at \$1.50 per pair; they wash well and are altogether very satisfactory), also for "ether patients"; and old blankets marked in a conspicuous way should be provided for particularly untidy patients. Gray blankets should be provided for wheel-chairs, couches, stretcher and piazza use. When a patient is discharged, if an infectious case, fumigate the blankets with formaldehyde; if not, brush thoroughly, sun for a day, and return to the shelves; the gray blankets should be treated the same way occasionally. Bath, "ether," and isolated blankets can be sent to the laundry. If the bed-blankets are cared for in this way in the wards, there is no necessity of sending them to the laundry. Twice a year the blankets should be carefully inspected by the superintendent, and such as look grimy, sent to the store-room; any spots which may be on them should be outlined with cotton, and if treated after the following receipt, the blankets will retain their life and good appearance many years:

For one pair of blankets: Soft soap, one pint. Powdered borax, one tablespoonful dissolved in hot water. Mix thoroughly, add to sufficient cold water to cover the blankets. Soak all night. In the morning rub between the hands the outlined spots. Rinse thoroughly in several cold waters, drain in clothes basket, then hang up without wringing to dry. This receipt doubled will be found sufficient for three pairs. Gray blankets can be treated the same way. If the hospital can afford it, dry cleaning is the easiest method.

Laundry nets should be used for all small articles such as stockings, handkerchiefs, cuffs, collars, breast T, and Scultetus' bandages. Much time is saved and loss avoided if this method is used. All gauze sponges and roller bandages saved in the wards must be sent down in laundry nets, marked with the name of the wards, on special days, so that a separate washing and boiling will be run for these alone. These bags are then returned to the wards, and each ward-maid takes the roller bandages back to the laundry, and puts them through the mangle, returning them again to the ward for winding.

To accomplish a great deal of work a careful system must be evolved, which must be enforced. As the most important part of the work lies in the washing, the first rules should pertain to this process. First, as to special days for sending table linen, nurses' and doctors' personal and bed-linen, flannels, bath blankets, gauze, bandages, etc. Second, the formula for washing must be carefully taught to the washer,

a clock must be in a conspicuous place, and absolute accuracy as to time insisted upon. There must be no "guess" work about washing if good results are desired.

The amount of work in the laundry depends upon the economical and careful use of linen in the wards. One question asked in the schedules "as to what rules for controlling extravagance in the use of linen were in operation" met in the majority of cases with the reply "We have none." Very few require the nurses to wash out "stains and spots." If the nurses are not taught the removal of stains, it must be done in the laundry, otherwise the linen soon becomes so stained and unsightly that it must either be replaced or used in that condition. How often do we see nitrate of silver, iodide of potash, balsam of peru, cocoa, tea and coffee stains, indelibly fixed in pillow cases, sheets and table napkins, when by intelligent action on the part of the nurses these might be obviated. Table linen should be thrown into special bags, and all stains removed before sending to laundry. There are many criticisms made about the extravagance of nurses in the use of linen; when sheets, spreads, pillow cases and towels, hardly crumpled, appear in the laundry, the criticism seems justly deserved. If nurses were limited in the use of linen and forbidden to remove it from the shelves without special permission of the head nurse, a great deal might be saved. Is it more economical to have regular days for changing linen, or is it wiser to rely upon the good judgment and common sense of the nurse to change when necessary? is a question worthy of consideration. It is not only the amount which should be saved but the wear and tear by subjecting the linen to unnecessary washing and mangling.

*Extracting.*—The washer must be very carefully unloaded so as to avoid tearing, likewise the extractor must be carefully packed for the same reason, to avoid straining the goods. Lumping the goods around the outside seems to be the best way of putting them in; great care should be exercised against pulling them out, as after ten minutes rapid motion they are very tightly packed. The longer the clothes are extracted, the less time will they need in the mangle. After extracting, the linen must either be shaken out by hand or put into a "tumbler," where they are shaken out and made ready for the mangle. The "tumbler" saves a great deal of time and strength, as the shaking by hand is very exhausting work. Have convenient a strong wooden horse upon which the clothes are hung ready to be put through the mangle.

*Mangling.*—The next step in the process is the mangling. There are a few rules to observe as to the use of the mangle.

The rolls must be covered with good blanketing or felting, which



can be bought for this purpose; outside of this should be used strong unbleached sheeting, or better still, duck; the sheets should be washed weekly and renewed when worn out. The felting lasts from a year to eighteen months or even longer. There is a great difference between different makes of mangles as to the length of time the padding lasts; some machines proving very costly to clothes. The rolls must be adjusted so that even pressure is secured, otherwise the padding is quickly torn and the linen does not go through straight. When through with the mangle release the pressure. To secure quick results, and dry linen, the rolls must be hot; from 60 to 70 pounds of steam are absolutely essential. Have the edges of the linen well pulled out; if rough and turned in, the mangle soon wears the edges. After feeding the required number of times through the mangle, fold with name out and place in piles on receiving table ready for wards or dryers or sorting-room. It should be sufficiently dry to deliver at once in wards, so as to avoid the extra handling of putting on the dryers. It is needless to say damp linen should never be sent to the wards.

All flat goods may be mangled with the exception of bath towels and crochet quilts, which may be folded and sent rough dry. Patients' night-gowns, operating-room aprons and suits may be well shaken and pulled out, folded and sent back rough dry, as it is impossible to mangle such goods; it seems an unnecessary waste of time to treat them in any other way. They may be dried in the open air if used in this way, preserving a freshness which is always lost by mangling or ironing.

*Drying-Room.*—Both wood and galvanized-iron bars are used in the drying-room; the preference seems to be given to the latter style on account of safety from fire. Sufficient steam is needed to heat thoroughly, and careful attention should be paid to ventilation. They should be arranged so that the inside may be easily cleaned and any articles dropped from the bars be secured.

*Dampening.*—There are many automatic devices on the market for the purpose of dampening, but if these cannot be afforded, a whisk broom dipped in water makes a very good substitute. All clothes should be dampened over night.

*Starching.*—A great deal might be said regarding starching, as it is a very important part of the laundry work. Make a point of buying good starch in large quantities,—*i.e.*, by the barrel, as it lessens the cost. Absolute accuracy should be used in measuring the starch and in preparing it afterwards, otherwise the starch will not work well and usually the starch is blamed and not the method of preparation.

*Bluing.*—The most economical way of preparing the blue is first

to buy a reliable brand in bulk, and follow out the printed directions carefully as to preparation and use. If these rules are disregarded unsatisfactory results are apt to follow, such as streaks, spots, and overbluing, and the linen must either be used in this condition or be washed over, a double waste.

*Ironing Machinery.*—In the small hospital it is hardly necessary to use any ironing machinery, except a body ironer. Nearly everything can be ironed on this except waists of uniforms and corset-covers; these must be done by hand, and of course all other goods must be finished by hand. The ironing-boards must be properly padded and covered; old blanketing and sheets from the supply-room may be used for this purpose. The sheets must be kept clean by frequent washing, rubbing cloths and suitable holders provided. Care should be taken to lower the gas if leaving for a few minutes, otherwise the iron will become too hot and the practice of cooling the iron by dipping in cold water is a bad one as it ruins the iron in the course of time, aside from the fact that unnecessary gas is wasted.

Suitable hangers and compartments must be provided for doctors' and nurses' clothing; when fully aired they may be folded and placed in the compartments, which should be plainly marked with the name of the individual to whom the clothes belong. It is hardly necessary to say that all the nurses' clothing must be plainly marked, carefully listed and sent to the laundry in bags. These lists should be compared with the clothes when received as well as when they are returned. The clean clothing should be carefully pinned in the bag and returned, with the list, on a stated day to the nurses' and doctors' rooms. Twenty-one pieces seem to be the usual number allowed, exclusive of handkerchiefs and small articles, very generally to nurses, while doctors seem to be unlimited. Personally I see no reason for this and it would seem sufficiently generous to allow three white suits weekly as a maximum number. It is considerable work to iron white duck suits, and if a head nurse can get along with two white uniforms, it would not seem too much to ask an interne to manage with three suits and yet present a tidy appearance. Too little outside drying is done in hospital laundries as a rule; it takes considerable time, but the effect of the sun on wet linen is the best bleach known, aside from the sweetening thus secured. Nurses' underwear and patients' night-gowns may all be dried outside, and with careful management from time to time the ward linen may be treated in a like manner.

The main points of difference in the schedules returned seem to be in the number of "help" employed and wages paid. We find one

hospital of thirty beds with five laundresses, another of seventy with two and an extra woman for two days, another of sixty employing five women and a man part of the time, and so on, while the wages vary from \$48 to \$16 per month for a head laundress, the other employees varying in the same ratio. Just why one laundry in a hospital of seventy beds should require two women and an extra one for two and one-half days per week, and another of sixty should require five with a man for part of the time, is not easily understood when the number of officers, doctors and nurses are the same, and the patients are of the same class. There seems to be only a few ways in which this might be explained. The machinery may not be as effective, there may be greater extravagance in the use of the linen, incompetence on the part of the "help," or a great lack of system, or it may be a combination of all of these reasons. It is interesting to note that in nearly every instance where good wages are paid the number of employees is less, although there are a few exceptions to this.

To get satisfactory results from the laundry there are a few points that must be insisted upon: First, good machinery, kept in good order; second, good materials,—*i.e.*, soap, starch, blue, etc.; third, honest, reliable, trustworthy help, with correspondingly good wages; fourth, a carefully-planned system.

If these few rules are followed, honest work should be the result. The best help should be selected, good fair wages given, their duties and "off" time should be clearly defined, and they should be treated with uniform kindness, if good work is desired. As a result one generally gets it.

From Saturday at 1 P.M. until Monday at 7 A.M. seems to be the usual time "off duty," while many allow the "help" to leave early if their work is finished and the laundry tidy on other days.

In many small hospitals the "help" from the other parts of the house are given special days for their personal laundering. It is usually more satisfactory to have it done for them, making a rule forbidding the house "help" to visit the laundry, thereby avoiding friction and misunderstanding and much wasted time.

*Avenues of Waste.*—There is no part of the hospital where there can be greater waste or more dishonesty and deception practised than in the laundry. Place an unreliable man or woman to manage the washer, to get through at the end of one-half hour, the washer may be emptied of partially-washed linen. After this continues for a week the linen becomes a dingy gray and is practically ruined, or the washer may be over-filled or carelessly emptied, thereby tearing the linen; or

too much soap or too much bleach may be used, relying upon the bleach instead of the washing to make the clothes white; this is a double waste. An improperly packed extractor may result in quantities of torn linen. All the materials from soap to steam and water may be extravagantly used. To prevent such, a careful supervision is needed and honest help required.

*Supplies.*—The purchase of laundry supplies covers a wide field and will probably be considered in another paper to be offered; therefore I shall not take up the subject here.

One of the main points of difference existing between the laundry of the large and small hospital, is that of supervision. The large hospital usually places at the head of the laundry an experienced laundryman or laundress; the small hospital can rarely afford this, depending upon the housekeeper, if there is one, or if not, then the superintendent must add to her manifold duties that of laundry supervision. This in reality is a very difficult duty to face, as very few women who assume the duties of a hospital superintendent have had any preparation in practical laundry work. How many hours of worry and anxiety might have been saved had the busy superintendent possessed the same practical knowledge of the laundry as she did of the technique of the ward and operating-room. As a matter of fact, it is much the better plan for the superintendent to manage the laundry than the housekeeper, giving greater satisfaction all around. Presuming that such a condition confronts us, what should an individual do to fit herself to manage the laundry and bring about a state of satisfaction and perfection? The writer speaks feelingly upon this subject, and adds her personal experience along this line. First, visit a good commercial laundry, or any good institutional one, and with pencil and note-book go into all the details of practical laundry work with a usually willing manager. Add to this all the study of machinery and methods from books; next ask this "patient manager" to go over your plant with you (you will have no difficulty in securing his assistance), inviting him to criticize and suggest freely and to point out defects in machinery and methods. Then armed with this knowledge go into the laundry and work there for two or three weeks until you have learned the intricacies of mangling, washing, extracting, etc., and if you persist and do not feel utterly humiliated by the superiority of the laundry "help" you will win in the end even at the sacrifice of dragged skirts and tired shoulders. At the end of two or three weeks you will probably be obliged to discharge your old help, as it is well nigh impossible to overcome old habits and a "we never used to do it that way" attitude. Therefore on the whole

it is wiser to start with new workers and teach them your methods. Selecting the most efficient worker and putting her in charge, then day by day and little by little you should be able to work this important part of the hospital ménage up to a high grade of excellence.

After the work is once systemized, it is astonishing how easily it runs and how little extra work it actually adds to the superintendent. The satisfaction derived from possessing this special knowledge, and the feeling of security obtained by keeping in your grasp the details of the work, is not to be reckoned too lightly.

In preparing this paper on "The Equipment and Management of the Laundry in the Small Hospital," it has been done with no spirit of criticism of any one hospital in particular, neither is any claim advanced of the superiority of the methods herein cited over those which may be preferred by others. The writer does not claim the distinction of being either an authority or an expert in laundry questions and it is with a feeling of considerable modesty that the few suggestions herein contained have been made, which are the result of personal experience hoping that they may prove helpful to someone who is struggling with this perplexing question.

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## THE PURCHASE AND USE OF DOMESTIC SUPPLIES

BY MISS LENA LIGHTBOURNE

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ON Sunday, December 3, 1905, the *New York Tribune* published an article, the title of which was: "Reform in New York Hospitals—Plan on Foot to Eliminate Waste and Petty Graft on the Part of Employees, and to Promote an Economical System of Coöperation that is Badly Needed."

This article echoes the sentiments of many of us in hospital life who come in daily contact and hourly struggle with men and women who, because they do not have to put their hands into their own pockets and pay for what they use and consume, are utterly oblivious to the cost.

One of the best checks which can be placed on useless and wasteful expenditure is to form a system of comparison. But this comparison to be useful and helpful must be made weekly, monthly and yearly with the same department, in the same hospital, and under similar conditions. In drawing facts and figures from different hospitals we are brought to realize that so varied are the conditions that it is difficult to draw comparisons. Even given the number of beds in any one hospital, which is